



Florence Unified School District No. 1

ARIZONA PUBLIC SCHOOL TAX CREDIT CONTRIBUTION



THIS FORM MUST ACCOMPANY ALL TAX CREDIT CONTRIBUTIONS IF PAYMENT IS NOT SUBMITTED ONLINE.

You are about to make a **NONREFUNDABLE** and **NONTRANSFERABLE** contribution to an **ACTIVITY OR PROGRAM** (not a student). **Consult your tax advisor before proceeding if you have any questions.**

Arizona Department of Revenue provides that an individual may claim a **nonrefundable** tax credit for making contributions or paying fees directly to a public school in this state for support of **eligible activities, programs or purposes** as defined by Arizona Revised Statute.

MAXIMUM CREDIT = Amount paid but not exceeding: Single = \$200 Married, filing jointly = \$400

CONTRIBUTOR INFORMATION

(PLEASE PRINT CLEARLY)

Date _____ Taxpayer Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Phone _____

Email address (for electronic receipt): _____

Choose a location:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anthem K-8 | <input type="checkbox"/> Magma Ranch K-8 | <input type="checkbox"/> Florence High School |
| <input type="checkbox"/> Circle Cross Ranch K-8 | <input type="checkbox"/> Skyline Ranch K-8 | <input type="checkbox"/> Poston Butte High School |
| <input type="checkbox"/> Copper Basin K-8 | <input type="checkbox"/> San Tan Heights | <input type="checkbox"/> San Tan Foothills High School |
| <input type="checkbox"/> Florence K-8 | <input type="checkbox"/> Walker Butte K-8 | <input type="checkbox"/> Mountain Vista Academy |
| | | <input type="checkbox"/> District Wide |

Contribute to:

- ☐ **General Extracurricular Activities** – Area of greatest need identified by the Site or District.
- ☐ **Character Education programs** pursuant to A.R.S. §15-719
- ☐ **Standardized testing fees** for college credit or readiness
- ☐ **Career and technical education industry certification assessment**
- ☐ **Student cardiopulmonary resuscitation training** pursuant to A.R.S. §15-718.01
- ☐ **Capital purchase (specify):** _____
- ☐ **Student consumable health care supplies**

OR

<u>QUALIFIED ACTIVITY OR PROGRAM</u>	<u>Contribution</u>
Do <u>NOT</u> list student name. Activities and programs are eligible for tax credit contributions. If no qualifying activity/program provided, contributions will fund area of greatest need.	Nonrefundable and Nontransferable
	\$
	\$

Is the above contribution for a sports program pay-to-participate fee or fee charged for a student to attend a qualified activity/program? ☐ **YES** ☐ **NO**

If YES, is there a specific student you would like to assist? _____ *

***IMPORTANT NOTE:** Tax Credit contributions **are NOT made to a student.** Students are not an activity or program under Arizona Revised Statute. **Contributions are nonrefundable and nontransferable.** Contributions remain with the designated activity or program once received.

Taxpayer Signature: _____

Thank you for your support of Florence Unified School District extracurricular activities!

Online payments: <https://az-florenceunified.intouchreceipting.com/>
Mail Payments: Complete tax credit form and mail your money order or cashier's check to:
Florence Unified School District
Attn: Finance Services
P O Box 2850
Florence, AZ 85132

For more information, please contact:
School Administrator or
Julie Cook at 520-866-3516.

For online payment system, please
contact Autumn Ford at
520-866-3507.